

# Sign-up form

For the Washington Medicaid  
Integration Partnership (WMIP)

Fill in the information in the box below. You can find your case number on your Medical ID card, right under the CNP initials.

CASE NUMBER		
NAME		
ADDRESS		
CITY	STATE	ZIP CODE

If you sign-up by phone you do  
**not** have to fill out this form!  
Call 1-800-562-3022 right away!  
(TTY/TDD users only, call 1-800-848-5429)

## Easy as 1-2-3!

1. Call and enroll in WMIP for managed care or fill out this form. You will be enrolled in Molina Healthcare of Washington, Inc., (Molina Healthcare) for your health care services if you are eligible for WMIP.
2. **Ask for the doctor you want to use as your Primary Care Provider (PCP).** The doctor you list as PCP must have a contract with Molina Healthcare. If you are not sure, call your doctor and ask if they have a contract with Molina Healthcare for WMIP.  
Name of PCP you want: \_\_\_\_\_  
☐ I have no PCP.
3. Are you pregnant or having surgery soon?  
☐ Pregnant? Due Date: \_\_\_\_\_  
☐ Surgery? Date: \_\_\_\_\_  
What doctor or other medical provider are you seeing for your pregnancy or surgery?  
Name of doctor: \_\_\_\_\_ Office phone: \_\_\_\_\_  
Do you have a medical condition or health care need such as asthma, diabetes, kidney problems, or heart disease?  
☐ Yes Please list your medical condition or health care need(s):  
\_\_\_\_\_  
Do you have other doctors, nurses, counselors or case managers you want to keep for WMIP?  
Please list them:  
\_\_\_\_\_

Let us know your choice.



If you don't want to fill out this form call us toll-free at **1-800-562-3022**  
**Monday through Friday 7:00 a.m. to 6:00 p.m.**

TTY/TDD users call 711 or 1-800-848-5429

Or, refold the form with the Business Reply on the outside and send it back to us (no stamp needed). Or, fax the form to 360-725-2144